



ELIGIBILITY APPLICATION FOR LOTTERY LICENSING

1. Registered Name of Organization (as shown on Governing Documents):

Operating Name, if different: _____

Business Address: _____

Telephone Number: _____ Fax No. _____

Email Address: _____ Website: _____

2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer & Business Services (Ontario)?

Yes No

If yes, provide registration date & number: _____

3. Is the Organization registered with Revenue Canada as a charity? Yes No

If yes, provide registration date & number: _____

4. How long has the Organization been providing services? _____

5. What category best describes the Organization?

Advancement of Education Relief of Poverty

Advancement of Religion Other Charitable Purposes Beneficial to the Community (Specify below):

_ Culture & Arts _ Health & Welfare _ Amateur Sports Organizations

_ Enhancement of Youth _ Public Safety Programs _ Community Service Organizations

6. Please list and describe the specific programs and services delivered by the Organization and associated cost (Do not restate your mandate or mission statement):

<u>Specific Programs and Services</u>	<u>Cost</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

7. Approximate total number of members in the organization: _____

8. Date of fiscal year-end _____ Please indicate last day of filing _____

9. Does the Organization currently manage and conduct any gaming event (lotteries) within the City of Port Colborne or other Municipalities?

Yes No

If yes, please indicate type of gaming event and location (Municipality)

Bingo* _____ Raffle _____ Break Open Ticket* _____ Bazaar _____

*Please include name and address of Supplier registered under Gaming Control Act, 1992. _____

10. For the purpose of lottery licensing, all organizations must have a lottery trust account. Please complete the following information, if available at this time. (It will be required at the time of licence approval):

Name of Bank and Address: _____ Trust Account number: _____

_____ Date Opened: _____

Designated Members in Charge

All Designated Members in Charge must be bona fide members of the organization and are required to complete this form.

Definition of BONA FIDE MEMBER: A member of the organization, in good standing, who has other duties, beyond conducting lottery events. "Members of convenience," whose only duty is to assist with the lottery events, are not considered BONA FIDE MEMBERS.

We, as active, bona fide members of _____
(Organization)

hereby certify that, as the designated members in charge of the lottery for which this application is made, we will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery licence is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the lottery event. (In addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers, in order to deal with absences.)

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Print Name in Full		
Title		
Other Position(s) held in Organization		
Home Address	Number and Street:	
	City and Province :	Postal Code :
Phone Numbers	Business :	Home :
Date		
Signature		

Names of additional volunteers :

1.	5.
2.	6.
3.	7.
4.	8.